Instructions

#### TO MAKE YOUR PAYMENT ON-LINE ACCESS OUR WEB SITE AT www.nh.gov/revenue

### **1** Who Must Pay Estimated Tax

Every partnership required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments for each individual tax for its subsequent taxable period unless the annual estimated tax for the subsequent taxable period for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your annual estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax. (see paragraph 6 for exception).

### 2 Where to Make Payments

Make estimated tax payments on-line at <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> or mail estimated tax payments to:

NH DRA (NH DEPT REVENUE ADMINISTRATION)
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

### 3 When to Make Payments

#### CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 2009 2nd quarterly payment due June 15, 2009 3rd quarterly payment due September 15, 2009 4th quarterly payment due December 15, 2009

#### FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX PERIOD ON EACH ESTIMATE FORM.

## 4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

# 5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

### 6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA21-J:32). Use form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

# 7 Need Help?

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on the Internet at <a href="https://www.nh.gov/revenue">www.nh.gov/revenue</a> or by calling Central Taxpayer Services at (603) 271-2191.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **ESTIMATED PARTNERSHIP BUSINESS TAX**

#### TO MAKE YOUR PAYMENTS ON-LINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue

|                                       | TAX BASE AND/OR GROSS BUSINESS PROFITS   | BET(a)   | BPT(b)   |  |
|---------------------------------------|--|--|--|--|
| a BET T                               | axable Base After Apportionment  |  |  |  |
| b New H                               | Hampshire Taxable Business Profits After Apportionment   |  |  |  |
| 2 TAX                                 | (5) 11 0075  |  |  |  |
|                                       | (a) x .0075  |  |  |  |
| CREDITS                               | (b) x .085   |  |  |  |
| a RSA 16                              | 2-L:10 (CDFA Investment Tax Credit)  |  |  |  |
| b RSA 16<br>(Commi                    | 2-N, CROP Carryforwards unity Reinvestment Opportunity Program)  |  |  |  |
| c RSA 16                              | 2-N (Economic Revitalization Zone Tax Credit)  |  |  |  |
| d RSA 16                              | 2-P, (Research & Development Tax Credit)   |  |  |  |
| e RSA 16                              | 2-Q (Coos County Job Creation Tax Credit)  |  |  |  |
| f RSA 77                              | -A:5 (Be sure to include the BET Credit)   |  |  |  |
|                                       | TS TOTAL [sum of Lines 3(a) - 3(f)]  |  |  |  |
|                                       | x for current year (Line 2 minus Line 3)   |  |  |  |
|                                       | t from previous taxable period   |  |  |  |
| Balance of B                          | usiness Taxes Due (Line 4 minus Line 5)  COMPUTATION and RECORD of PA  | AVMENTS  |  |  |
|                                       |  |  | OAL ENDAD VE                                     |  |
| Date Paid                             | BET Amount of each Installment (1/4 of Line 6 of worksheet)  | Total Due<br>(BET and/or BPT)  | DUE DATES  |  |
|                                       | \$ \$  | \$   | April 15, 2009                                   |  |
|                                       | \$ \$  | \$   | June 15, 2009                                    |  |
|                                       | \$   \$  | \$   | Sept. 15, 2009                                   |  |
| ·                                     | \$ \$  | \$   | Dec. 15, 2009                                    |  |
|                                       | Line 1 Enter 1/4 of the Business Enterprise Tax calculated on Line 2 Line 2 Enter 1/4 of the Business Profits Tax calculated on Line 6 BF Line 3 Enter the TOTAL payment sum of Lines 1 and 2.   | 6 BET(a) in the tax worksheet ab   |  |  |
| E PENALTY                             | IMPORTANT: PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM (Cut along this line and keep the Estimated Tax Worksheet a   |  | VE NOT BEEN N                                    |  |
| <br>FORM                              | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the County of th | above for your records)  | VE NOT BEEN N<br>                                |  |
| <br>FORM                              | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at NEW HAMPSHIRE DEPARTMENT OF REVENUE AD   | above for your records)  | VE NOT BEEN N                                    |  |
| FORM NH-1065-ES                       | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated Tax Worksheet Tax Worksheet Tax Worksheet Tax Worksheet Tax W | DMINISTRATION TAX - 2009   | VE NOT BEEN N                                    |  |
| FORM  1H-1065-E                       | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated Tax Worksheet Tax Worksheet Tax Worksheet Tax Worksheet Tax Worksheet Tax Worksheet Tax Wor | DMINISTRATION TAX - 2009   | R DRA USE ONLY                                   |  |
| FORM  1H-1065-E                       | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated T | DMINISTRATION TAX - 2009  Inding Mo Day Year  FO   | R DRA USE ONLY                                   |  |
| FORM  IH-1065-ES  712  r the CALENDAR | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated T | DMINISTRATION TAX - 2009  Inding FEDERAL EMPLOYER ID  DEPARTMENT IDENTIFIC                                   | R DRA USE ONLY ENTIFICATION NUMBER CATION NUMBER |  |
| FORM  NH-1065-ES  712  r the CALENDAR | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated T | DMINISTRATION TAX - 2009  Inding   | R DRA USE ONLY ENTIFICATION NUMBER CATION NUMBER |  |
| FORM  NH-1065-ES  712  r the CALENDAR | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated T | DMINISTRATION TAX - 2009  Inding FEDERAL EMPLOYER ID  DEPARTMENT IDENTIFIC  If required to use DI  1/4 BET 1 | R DRA USE ONLY ENTIFICATION NUMBER CATION NUMBER |  |
| FORM NH-1065-ES                       | PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIM  (Cut along this line and keep the Estimated Tax Worksheet at the stimated T | DMINISTRATION TAX - 2009  Inding   | R DRA USE ONLY                                   |  |

NH-1065-ES Rev. 09/2008

#### FORM

### NH-1065-ES

#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

### **ESTIMATED PARTNERSHIP BUSINESS TAX - 2009**

712

| For the CALENDA   | R year <b>2009</b> or other taxable period beginn  |  | and ending                             |                                       | FOR DRA USE ONL   | _Y                         |  |  |
|-------------------|--|--|--|---------------------------------------|---|----------------------------|--|--|
|                   | PRINT OR TYPE  | Mo Day Year  | Мо                                     | Day Year                              |   |                            |  |  |
|                   | NAME OF PARTNERSHIP  |  | FEDERAL EMPLOYER IDENTIFICATION NUMBER |                                       |   |                            |  |  |
| FOR DRA USE ONLY  | LIMITED LIABILITY COMPANY  |  |  | DEPARTMENT IDENTIFICATION NUMBER      |   | R                          |  |  |
| TON BINA USE ONE! | NUMBER AND STREET ADDRESS  |  |  | If required to use DIN, DO NOT USE FE |   | USE FEIN                   |  |  |
|                   | ADDRESS (continued)  |  |  | ¼ BET 1                               | \$  |                            |  |  |
|                   | CITY/TOWN, STATE & ZIP CODE  |  |  | <br> ¼ BPT 2                          | \$  |                            |  |  |
|                   |  |  |  |                                       | *   |                            |  |  |
|                   | MAIL NH DRA  |  | Amount of This I                       | Payment 3                             | \$  |                            |  |  |
|                   | TO: CONCORD NH 03302-0637  | CONCORD NH 03302-0637 Make checks paya<br>Enclose, but do r  |  |                                       | able to: STATE OF NEW HAMPSHIRE not staple or tape your payment to o not file a \$0 estimate. |                            |  |  |
|                   | 1  | (Cut along this line)  |  |                                       |   | NH-1065-ES<br>Rev. 09/2008 |  |  |
|                   |  |  |  |                                       |   |                            |  |  |
| FORM              |  |  |  |                                       |   |                            |  |  |
| NH-1065-E         |  |  |  |                                       |   |                            |  |  |
| 712               | ESTIMATED PART   | I NERSHIP BUSIN  | IESS IAX - 20                          | 09                                    |   |                            |  |  |
| For the CALENDAL  | R year <b>2009</b> or other taxable period beginn  | oing   | and ending                             |                                       | FOR DRA USE ONL   | <b>v</b>                   |  |  |
| FOI THE CALENDA   | PRINT OR TYPE  | Mo Day Year  | Mo Mo                                  | Day Year                              | FOR DRA USE ONL   | _1                         |  |  |
|                   | NAME OF PARTNERSHIP  |  |  | FEDERAL EN                            | MPLOYER IDENTIFICATION N  | NUMBER                     |  |  |
|                   | LIMITED LIABILITY COMPANY  |  |  | DEPARTMEN                             | DEPARTMENT IDENTIFICATION NUMBER  |                            |  |  |
| FOR DRA USE ONLY  | NUMBER AND STREET ADDRESS  |  |  | If required                           | If required to use DIN, DO NOT USE FE   |                            |  |  |
|                   | ADDRESS (continued)  |  |  | 1/4 BET 1                             |   |                            |  |  |
|                   |  |  |  | 74 021 1                              | Ψ   |                            |  |  |
|                   | CITY/TOWN, STATE & ZIP CODE  |  |  | 14 BPT 2                              | \$  |                            |  |  |
|                   | MAIL NH DRA  |  | Amount of This F                       | Payment 3                             | \$  |                            |  |  |
|                   | TO: PO BOX 637<br>CONCORD NH 03302-0637  | Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate. |  |                                       |   |                            |  |  |
|                   | I  |  |  |                                       |   | NH-1065-ES<br>Rev. 09/2008 |  |  |
|                   |  | (Cut along this line)  |  |                                       |   |                            |  |  |
|                   |  |  |  |                                       |   |                            |  |  |
| FORM NH-1065-E    | NEW HAMPSHIRE DEPART   |  |  |                                       |   |                            |  |  |
| 712               | R year <b>2009</b> or other taxable period beginn  | aina   | and onding                             |                                       | FOR DRA USE ONI   | Υ                          |  |  |
| I OI LIIE CALENDA | PRINT OR TYPE  | Mo Day Year  | and ending Mo                          | Day Year                              | - ON BIA OOL ON   |                            |  |  |
|                   | NAME OF PARTNERSHIP  | <u> </u>   |  | FEDERAL EN                            | MPLOYER IDENTIFICATION N  | NUMBER                     |  |  |
|                   | LIMITED LIABILITY COMPANY  |  |  | DEPARTMENT IDENTIFICATION NUMBER      |   | ₹                          |  |  |
| FOR DRA USE ONLY  | NUMBER AND STREET ADDRESS  |  |  |                                       |   |                            |  |  |
|                   |  |  |  | · ·                                   | to use DIN, DO NOT  | USE FEIN                   |  |  |
|                   | ADDRESS (continued)  |  |  | 1/4 BET 1                             | \$  |                            |  |  |
|                   | CITY/TOWN, STATE & ZIP CODE  |  |  | 14 BPT 2                              | \$  |                            |  |  |
|                   | MAIL NH DRA  |  | Amount of This F                       | ayment 3                              | \$  |                            |  |  |
|                   | TO: PO BOX 637 CONCORD NH 03302-0637  Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate. |  |  |                                       |   |                            |  |  |
|                   |  | 50   |  |                                       |   | NH-1065-E<br>Rev. 09/200   |  |  |